

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10694555

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5		1				
6	1					
7		1				
8		2				
9	1					
10		1				
11		2				
12	1					
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50						
TOTAL IND.	4					
TOTAL DEP.		15				
TOTAL CLAIMS		19				

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
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